

**Table 2** International classification of non-diseases, based on non-diseases suggested to bmj.com

	Aesthetic discomfort	Current discomfort or dysfunction	Possible future discomfort, dysfunction, or death
Misattribution or diagnosis	Anxiety about size	Allergy to 21st century; chronic candida infection; false memory syndrome; flat feet; Gulf war syndrome; multiple chemical sensitivities; total allergy syndrome	
Universal	Ageing; skin wrinkles	Ageing; ignorance; loneliness; menopause; teething; unhappiness; work	Menopause
Usual response	Acne; bags under the eyes; borborygmi; stretch marks	Adjustment reaction; bereavement; boredom; childbirth; jet lag; hangover; pain; pregnancy; whiplash	Whiplash
Ends of spectrum	Big ears; dandruff; gap teeth; grey or white hair; halitosis; obesity; ugliness	Air rage; alcohol dependency; anorexia; attention deficit disorder; bed wetting; burn out; chronic fatigue syndrome; colic; domestic violence; dyslexia; fibromyalgia; personality disorder; perimenstrual dysphoric disorder; procrastination; road rage; seasonal affective disorder; stress; teenage pregnancy	Hypercholesterolaemia
Variant of normal	Baldness; cellulite; freckles; skin tags	Chinese restaurant syndrome; conduct disorders in childhood; ear wax accumulation; food intolerance; infertility; nail chewing; teeth grinding; tension headaches; tics	Deviation of nasal septum; smoking

## The *BMJ*'s vote

We began our search for non-diseases by generating our own definition and list. By “non-disease” we meant “a human process or problem that some have defined as a medical condition but where people may have better outcomes if the problem or process was not defined in that way.” This exercise prompted an internal debate about whether we were insulting those who might regard themselves as having what others might classify as a non-disease.

We responded by making clear that we were not suggesting that the suffering of people with these “non-diseases” is not genuine. The suffering of many with “non-diseases” may be much greater than those with widely recognised diseases. Consider the suffering that might come from grief, loneliness, or redundancy.

### Top 20 non-diseases (voted on bmj.com by readers), in descending order of “non-diseaseness”

- |                      |                              |
|----------------------|------------------------------|
| 1 Ageing             | 12 Allergy to the            |
| 2 Work               | 21st century                 |
| 3 Boredom            | 13 Jet lag                   |
| 4 Bags under eyes    | 14 Unhappiness               |
| 5 Ignorance          | 15 Cellulite                 |
| 6 Baldness           | 16 Hangover                  |
| 7 Freckles           | 17 Anxiety about penis size/ |
| 8 Big ears           | penis envy                   |
| 9 Grey or white hair | 18 Pregnancy                 |
| 10 Ugliness          | 19 Road rage                 |
| 11 Childbirth        | 20 Loneliness                |

Having generated our own list, we then invited suggestions from our editorial board. We were surprised that we quickly achieved a list of nearly 100. Next, readers were invited to add to the list, boosting it to nearly 200.

Paul Glasziou, a general practitioner from Queensland, Australia, and a member of the *BMJ* editorial board, has used most of these to produce an ICND—an international classification of non-diseases (table 2). Deliberately, but perhaps unwisely, we allowed almost anything to be added to the list, including some “non-

treatments” like circumcision. A list of non-treatments might be even longer than a list of non-diseases. Then came the vote for the top 10 non-diseases, and the box shows the top 20.

The complete list is interesting, and I was surprised that we could generate so many non-diseases. Some of these non-diseases already appear in official classifications of disease, and perhaps those that do not currently appear will be appearing soon. Disease classifications are likely to grow not shrink, particularly as genetics begins to allow the separation of what are currently single diseases into many.

What mattered most about this process, however, was not the list but the debate. Rapid responses to the debate are summarised on p 913. Surely, everything is to be gained and nothing lost by raising consciousness about the slipperiness of the concept of disease.

Competing interests: None declared.

- 1 <http://bmj.com/cgi/content/full/324/7334/DC1>
- 2 Bailey M. How to use an esteemed medical journal to increase suffering. <http://bmj.com/cgi/eletters/324/7334/DC1>
- 3 Campbell EJM, Scadding JG, Roberts RS. The concept of disease. *BMJ* 1979;iii:757-62.
- 4 Meador CK. The art and science of nondisease. *N Engl J Med* 1965; 272:92-5.
- 5 Foucault M. *The birth of the clinic*. New York: Pantheon, 1973.
- 6 Illich I. *Limits to medicine*. London: Marion Boyars, 1976.
- 7 Sackett DL, Haynes RB, Guyatt GH, Tugwell P. *Clinical epidemiology: a basic science for clinical medicine*. Boston: Little, Brown: 1991:59.

### Endpiece

#### The best part of the cure

He consulted a new physician . . . who bluntly diagnosed all his symptoms as “evils produced by the use of narcotics.” He prescribed mercury in the form of Corbyn’s Blue Pills, nitric acid in water, and a “known & measured quantity of Stimulant, with an attempt to diminish the Opiate part of it little by little, if it were only a single Drop in two days.” But Coleridge felt the sickness was in his heart, and the best part of the cure lay simply in talking to the doctor and trying to put him “in possession of the whole of my Case with all its symptoms, and all its known, probable and suspected Causes.”

Richard Holmes. *Coleridge—Darker reflections*. London: HarperCollins, 1998

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